

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-IX-2965	
SERIAL NO: 09/016,061	FILING DATE: 1/30/98	EXAMINER: P. Gambel	GROUP ART UNIT: 1644	
INVENTION: ANTI-αVβ3 RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS ENCODING SAME AND METHODS OF USE				

TO COMMISSIONER FOR PATENTS



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JAN 29 2001

OFFICE OF PETITIONS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on January 18, 2001.

By: *Deborah L. Cadena*
Deborah L. Cadena, Reg. No. 44,048

January 18, 2001
Date of Signature

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Transmitted herewith is a Response to Office Action mailed July 18, 2000, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☒ A Petition for a three-month Extension of Time is enclosed (in duplicate).
- ☒ A Petition to Correct Inventorship (in duplicate) is enclosed.
- ☒ An Information Disclosure Statement is enclosed, including copies of 6 references and a Form 1449.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	49	- 79	- 0	x	\$9	\$18	= \$0	\$
INDEPENDENT CLAIMS	13	- 24	- 0	x	\$40	\$80	= \$0	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		____ YES	____ X NO		\$135	\$270	= \$0	\$
					TOTAL ADDITIONAL FEE		\$0	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: William D. Huse (as amended)
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- ____ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$755.00** is enclosed, of which \$445.00 covers the small entity fee for a three-month extension of time, \$130.00 covers the fee for a Petition to Correct Inventorship, and \$180.00 covers the fee for filing an Information Disclosure Statement.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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